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INDIANS AT + WORK



OCTOBER 1, 1936

A NEWS SHEET FOR INDIANS
AND THE INDIAN SERVICE

• OFFICE • OF • INDIAN • AFFAIRS •
WASHINGTON, D.C.





I N D I A N S A T W O R K

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NAVAJO MOTHER AND CHILD



Photograph by H. Armstrong Roberts



· INDIANS · AT · WORK ·

A News Sheet for Indians
and the Indian Service

VOLUME IV

OCTOBER 1, 1936

NUMBER 4

What is happening, biologically, to the full-blood Indian in the United States? Is he decreasing or is he multiplying?

In Mexico City, at the Indian Round Table of the Seminar on Cultural Relations, two months ago, this question was raised with some sharpness by one of the ethnologists. Is the growth of Indian population simply a process of annexing white blood; of diluting Indian blood; of the gradual fading of Indian germ-plasm into the white race, while an increasing number of individuals become legally and therefore statistically identified as Indians?

This question was thrown back upon the statistical division of the Indian Office, and here are some of the results, furnished to the Senate Committee at its Navajo hearings last month.

Let me first explain that the totals and the percentages which follow are not derived from a knowledge of all Indian births; a child who dies within a few weeks or months of its birth usually

is not entered on the census rolls.

Neither do the figures deal with all of the full-blooded Indians.

They deal only with those Indians who, through registration at the Agencies, and through birth record and death record, become entered on the census rolls - rolls which are made up of individual Indian names. 95,096 of full-blood Indians are thus enrolled.

The errors of the reporting of the names of surviving children and of the reporting of deaths, approximately would cancel one another out upon these rolls.

In other words, the result, in terms of those Indians who are enrolled, apparently is reliable.

The total population of the United States increased at the rate of 1.6 per annum from 1920 to 1930. The increase of native born population in the whole country averaged 1.8 per annum for the decade 1920 to 1930.

The total estimated population of the United states increased 0.7 per cent from 1934 to 1935.

The full-blooded Indians increased 5.3 per cent from 1930 to 1935, an annual increase of 1.06 per cent.

Thus, the rate of increase of full-bloods was less than that which took place in the total population from 1920 to 1930, but it was more than one-third greater than the rate of increase in the total population from 1934 to 1935.

The breakdown by tribes is interesting. The annual increase of all enrolled Navajos in Arizona and New Mexico from 1930 to 1935 was 1.21. The annual increase of the New Mexico Pueblos as a whole was 1.72. Other rates are the following: Hopis of Arizona 1.36; Papagos of Arizona 1.17; Mescalero Apaches 1.1; Jicarilla Apaches 1.24; San Carlos Apaches 1.86; White River Apaches 0.7.

Very striking are certain of the percentages for tribes possessing already too little land. For example, San Ildefonso, under-supplied with farm land, had a 4.2 per cent per annum increase for the five-year period. Sia Pueblo, desperately undersupplied with farm and grazing land alike, had a 2.14 per cent per annum increase.

The increases by no means are universal. Examples follow. The full-bloods of Fort Mojave Reservation diminished at 3.1 per cent a year for five years ending with 1935. The full-blooded Paiutes of Utah diminished at .16 per cent a year. The full-bloods under the Kiowa Agency of Oklahoma registered a one per cent diminution in the five-year period. Those under the Warm Springs Agency of Oregon registered a 4.5 per cent decrease in the five years. The Pima full-bloods did just a little better than holding their own.

However, the decreases, serious and significant where they exist, are shrinkages in tribes representing a small minority of the total full-blood population, and the aggregate of the enrolled full-bloods shows, as stated above, a yearly increase of 1.06 per cent.

The above showing of the full-bloods represents strictly

a self-sustaining and self-increasing record of one hundred per cent Indians. If the full-bloods were marrying full-bloods alone, then the rate of full-blood Indians would be greater; because every child born, where a full-blood marries a mixed-blood, is entered in the mixed-blood total.

The numerical future of the full-blooded Indian population, judging by these current facts, would be threatened by only one factor, viz., the marriage of full-blood with mixed-blood Indians. And such marriage does go forward, more or less, on every reservation. But the increase of full-bloods, recorded above, holds its own, and the full-bloods today apparently are increasing faster than the general population.

* * * *

However, biological survival and increase does not necessarily mean social and psychical survival and increase.

True, it is intermarriage probably which supplies the greatest single factor in the merging of cultures; but in history, civilizations and cultures have lapsed many times with no important change in blood quantum.

Civilization, culture, and the spirit of life, are subtle, intangible quantities. True, they are the most important of all the realities. But like works of art, in their final essence they must be felt rather than demonstrated.

I have come back from six weeks among the Indians, and I have brought with me a definitely strengthened feeling that the In-

dian civilization and view of life are not on the wane, but at least are holding their own.

This feeling came to me not less in the Cherokee Hills, where I talked with isolated Indians, than among the pure-blood Apaches and such Pueblos as Sia, Santo Domingo and Zuni, and among the Navajos.

I mention one impression which I have reported in other editorials but which was particularly strong from these recent contacts.

I attended a great many tribal and council meetings and public hearings where Indians testified. Probably sixty hours of consecutive meetings.

Plains Indians, desert Indians and sedentary agricultural Indians. A number of the fundamental culture-traditions.

What seemed to characterize all of these meetings was a leisureliness unusual in white gatherings, joined with a restraint and a courtesy which revealed quick and sure intuition into the state of mind of others.

Behind this slowness, or leisureliness, and this restraint and courtesy, lay the old Indian tradition of seeking not majority decisions but unanimity - of seeking to move, like Wordsworth's cloud, "all together or not at all."

But I think that the difference was rooted in something more positive and more profound. These Indian meetings revealed an art of the human relation. Ancient famous peoples have had such

an art. The Chinese had it; and the Greeks had it; chivalry had it in the Middle Ages; the monastic system knew this art and practiced it. Our white ancestors knew the art and practiced it. We modern whites almost have lost it. The Indians possess it still.

At these meetings, there were exceptions to the general rule of a conduct rich, leisurely, humorous and subtle. In every case these exceptions were individuals who had taken to themselves the "go-getting" psychology of present-day white life, or whose behavior was disoriented because they were being pushed into an unhabitual kind of expression by whites from behind the scenes. These exceptions did but make the rule the more impressive.

Nothing is more intangible than the expression of this art of the human relationship. But also, nothing is more unmistakable, or socially more potent.

The "strange disease of modern life, with its sick purpose, its divided aim" has not reached to the full-blood Indians yet. Matthew Arnold's sad characterization of our modern morbidity, our modern blight of insecurity, our modern vulgarity, would not have been applied by him to the Indians.

JOHN COLLIER

Commissioner of Indian Affairs

HEALTH ACTIVITIES IN ALASKA

By Dr. J. G. Townsend, Director of Health

To the average person in the United States, Alaska is a land apart, a country remote, with problems correspondingly distant and not of sufficient importance to really worry about. To those of us who are responsible for the medical activities and public health protection of the Eskimo and Alaskan Indian, these problems are quite near and very real. Having just completed a tour of over 4,000 miles over the Alaska Peninsula from Juneau to Nome as far north as Point Barrow and south to Bristol Bay, visiting our medical activities, I was brought face to face with situations as they actually exist and a realization of what these baffling problems really are.

It was only five years ago that the Indian Office took over from the Bureau of Education in the Interior Department the responsibility for the health and education of the Alaska natives. At the time there were five hospitals operating and a field force of 19 traveling nurses. Today there are seven hospitals in operation and all of the traveling nurses have been replaced by qualified, trained public health nurses, making 26 in all. Recently the Indian Office has added to its medical program the operation of the hospital at Point Barrow, formerly the responsibility of the Presbyterian Board of Missions.

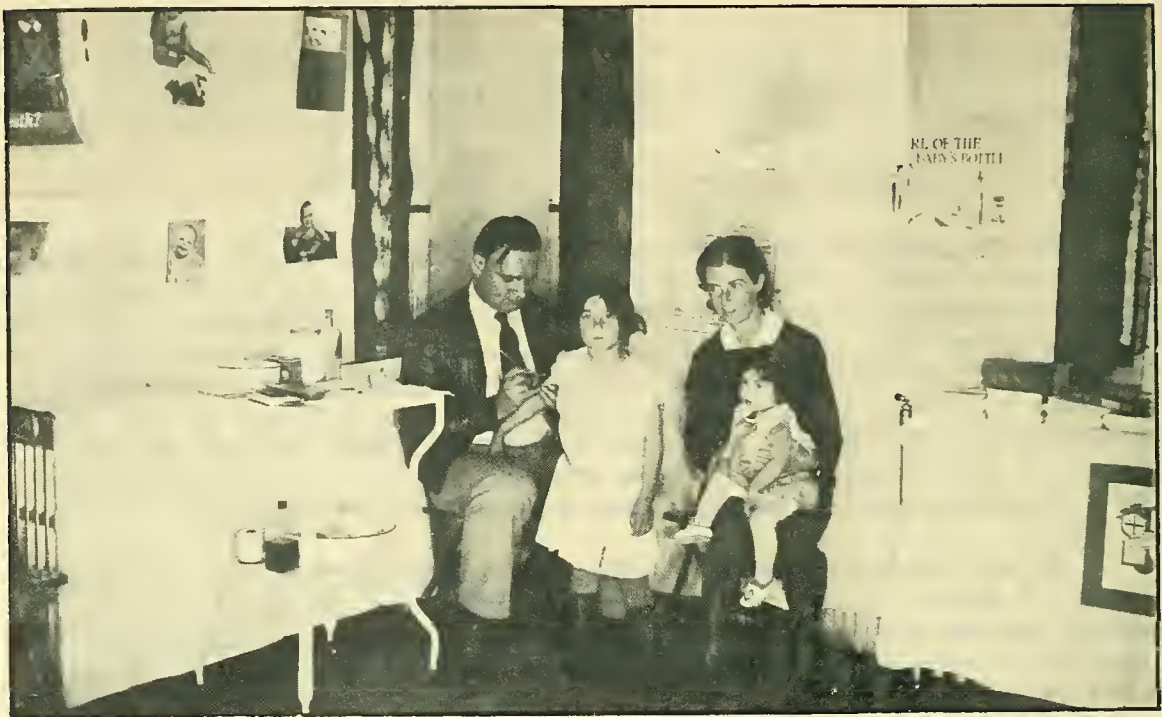
We cannot be proud of our hospital facilities. Most of them are badly in need of repairs; the buildings are old and inadequate and to further complicate the situation, many are built on glacial moraine which causes serious damages to foundations as the ice upon which they rest freezes and thaws according to the season. These hospitals, situated at Juneau, Tanana, Kotzebue, Mountain Village, Kanakanak, Unalaska and Point Barrow have a total bed capacity of 149 beds.

The total population for the Alaska Peninsula is approximately 60,000, half of which number are Eskimos and Indians and in effect, potential government beneficiaries. When one considers the amount of sickness and the death rates in that area, 149 beds for 30,000 people is entirely inadequate.

Tuberculosis is now, as it has been in the past and will be for some time in the future, the all absorbing health problem of the native Alaskan. The morbidity index apparently is growing rapidly and we are doing practically nothing to check it. The actual morbidity rates are difficult to establish. I do not know that anyone can give accurate figures. Reports are that the native death rate from tuberculosis is about 655 per 100,000, as compared to 56 per 100,000 among the whites.

Of all native deaths during a five year period, 1926-1930, 35.5% were due to tuberculosis as compared to 4.7% of all deaths of whites caused by tuberculosis. In the southeastern section the deaths from tuberculosis

HEALTH VIEWS FROM SHOSHONE AGENCY, WYOMING



An Immunization Clinic For Smallpox and Diphtheria



Showing Mothers Attending A "Well Baby" Clinic With Their Babies

are estimated to be 888 per 100,000. Deaths among the whites were much higher from illness due to heart disease, malignancy and also suicide. There is no indication that conditions have improved since this report was made.

It can be said that the mortality from tuberculosis of the native Alaskans is much higher than among the Indians of the United States. The discouraging part of the whole picture is the indifference and apathy with which the Indian and Eskimo regard tuberculosis. It seems that it is a common ailment, great numbers have it and they seem to have become reconciled to it. Their desperate poverty, exposure to cold and lack of fuel are other discouraging factors for even if they are cured they return to the same home conditions and a reactivation of the old trouble.

The numerous stops made at various schools and also at our hospitals gave me the opportunity of observing at first hand the home conditions and manner of living. Tuberculosis would seem to be the natural sequel of the life habits of these people. One-room houses, many of them entirely covered with sod or tundra to keep out the cold weather, dark, damp and housing large families, would be naturally a fruitful soil for the tubercle bacilli to thrive in.

The usual epidemic diseases are more or less common, such as influenza and diphtheria and at present an outbreak of typhoid fever is reported in the Bristol Bay area. This is a rare occurrence, although I do not know why typhoid should not be sporadically epidemic in consideration of the living habits of most of the Alaska natives. However, smallpox, typhoid and diphtheria can all be adequately controlled by immunization. Trachoma is practically unknown. Conjunctivitis is not uncommon, possibly due to snow blindness among the natives farther north.

The administration of these medical and health programs in Alaska for the Indian Office is under the immediate jurisdiction of a medical director whose office is in Juneau. Assisting him are a supervising field nurse and a supervising dentist. All of the dental work is now being done under contract through the private dental practitioners in Alaska. Twenty-six public health nurses are rendering heroic service as a part of the field organization. These nurses are found here and there along the inside passage from Ketchikan to Juneau and stationed at strategic points around the entire coastline as far as Point Barrow, and at inland stations operating up and down the rivers such as the Kuskokwim, the Yukon and the Tanana.

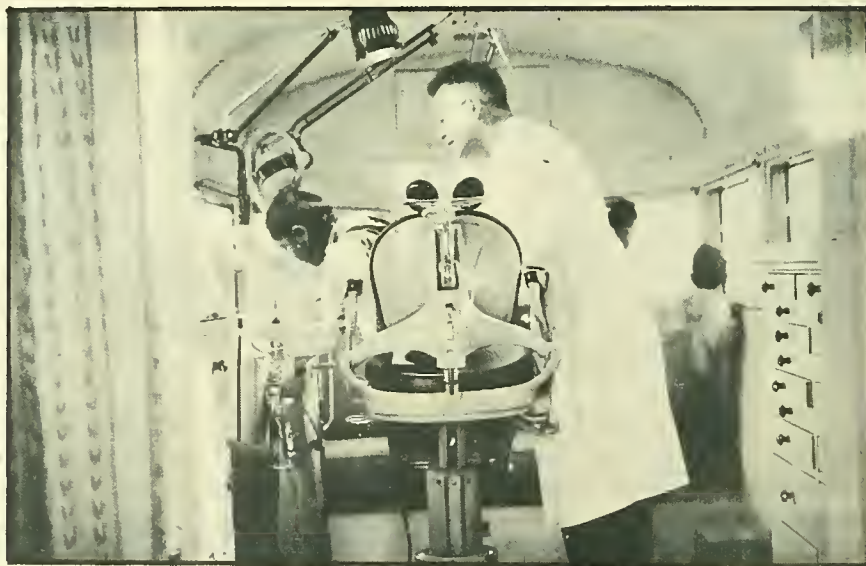
They travel by boat in the summer and by dog team in the winter, covering tremendous distances and of necessity sleeping on the trail. I was impressed with the dependence placed upon this field force by natives visited by them. When it is remembered that this service is only a little over three years old it is remarkable how it has become fixed in the minds of the Alaska natives as a real essential which they cannot very well do without.

I was so interested while making this trip to compare conditions now with conditions as they were 20 years ago when I first visited Alaska as

the medical officer on a coast guard cutter. In those days there were no hospitals north of Nome and I was the only physician north of Nome. Major surgical operations on kitchen tables and at best medical care under the most terrific handicaps was the general procedure. And the picture indeed looked dark in those days. It is brighter now. I believe that a real start has been made in our fight against the microbic army, which attacks the Alaska native on every hand. But everything cannot be done at once and our program planning should be over a period of years. But we must be sure that we have gained some objective each year.



Mobile Dental Clinic



A View Of The Interior

APACHE "DEVIL" DANCE

By Claude C. Cornwall - Camp Supervisor

Among the traditional sacred ceremonies performed by the Apache Indians is the so-called "Devil Dance" the gon-yah-de-gineah (meaning "on high") This vigorous combination of songs and dances is a ceremonial prayer performed on behalf of persons who are ill or infirm; a healing prayer to the gods which govern the destinies of men.

It is traditional that the dancers should be unknown to the person for whom the ceremony is being performed, hence the mask which is worn as a part of the costume. This same secrecy is a governing principle of the entire ceremony. When a person who is ill is being attended by a "medicine man" and a dance is regarded as advisable, the medicine man secretly arranges with a group of dancers from a distant country, as far as sixty or more miles away, to come and dance on his or her behalf. Unknown to anyone except the medicine man, the dancers come; first among them being the leader (thee-pi-ae), who must arrive in the daylight to prepare the ground and see that all is in order.

Then at dusk the drums begin and the medicine man starts the song. Apparently out of nowhere the dancers and singers appear. There are four drummers who beat the steady two-count basic rhythm on the cowhide tom-toms; and the songs, usually in cross-rhythm of five counts, commence in descending cadences, growing in intensity as the spirit of the dance commences to rise in vigor.

Three or more dancers perform the ritualistic combinations of intricate rhythmic action and the leader or "clown", weaving in and out among them, provides a contrast, a sort of comedy relief, accentuating the stateliness and sincerity of the performers. The costumes are of buckskin and eagle feathers and the dancers' bodies are painted in weird symbolic designs. There are a hundred songs, each with many verses, enough to continue the dance all night, if such is thought necessary. As each song is ended, there is a brief period of rest, because this dance requires energy and the masks do not allow for any too much fresh air.

There are songs and prayers to the forces of nature; to the sun, moon and stars; to the four winds; to the East, symbolized as the "black" of the night; the "yellow" of the West, and "white" of the North. In this dance the "blue" of the South is not mentioned as evils and ills are thought to come from there. Each song is different and there are varied rhythms and moods which are symbolized in both the attitudes and movements of the dancers. At times the singing rises to stirring climaxes which are reflected in the emotional responses of the Indian groups who join with the dancers in a prayerful interest throughout the entire ceremonial.

As a signal that the dance is to be ended, the leader takes an ember from the fire, the music dies down and the dancers disappear. The medicine man again takes over the prayer ceremony which may be continued by local friends of the ill person if desired. The prayer of the visiting dancers is finished and they have returned home in the same secrecy that they came; bearing with them gifts of buckskin and food if the family was able to pay such, or perhaps only a blue stone "turquoise" and eagle feather if the recipient of the dance was a victim of poverty. They have left their healing blessing and accepted their reward.

To carry on the tradition, a medicine man will give instruction to the younger men whenever they present themselves and request it. A youth brings a gift of a pierced blue stone with an eagle feather through it. Then night after night until the young man has learned; the rhythmic beat of the tom-tom can be heard at the medicine man's tepee, (wikiup). So the songs and dances are perpetuated and so an unwritten ceremonial has been preserved through the ages.

ANTHROPOLOGICAL ACTIVITIES

Dr. Gordon MacGregor, Assistant Anthropologist, commenced his study of the Pit River Indians in California in order to determine the present social grouping and their present economic status. Data is being gathered and will be reported by households and functioning social groups or communities.

Dr. M. E. Opler, Assistant Anthropologist, will continue his work at Fort Apache and complete the Mescalero report at an early date. He also conferred with Superintendent Kitch at San Carlos and talked with members of the business council there.

Dr. David Rodnick, Collaborator, is working at the Potawatomi Agency with the Prairie and Citizen Bands of Kansas.

Mr. Charles Wisdom, Collaborator, is working out of Crandon at the present time. Several days have been spent in a reconnaissance of western Michigan, from the Straits southward along the shore of Lake Michigan. Nearly all the Indians of this territory (most of whom are Ottawas) are unenrolled and their number is unknown. Many live in the towns or on the fringes of towns although most of them are rural and they gain a livelihood principally by working as laborers for farmers and orchardists and by picking and selling wild berries in season. Their economic condition seems to be on the whole, since he found almost none who admitted that they were in actual want at any time of the year.

Dr. Julian H. Steward just completed his work at Fort Hall. His next assignment is Kanosh and then Washakie in Utah. At the end of this month he plans to go to Gosiute and then Southern Paiute.

Dr. Mekeel has returned to the Washington Office after conferring with Dr. Opler and Dr. MacGregor in the West.

NURSING CARE FOR INDIANS - YESTERDAY AND TODAY

By Elinor D. Gregg

Director of Nursing



Child Care At A Typical Sioux Camp
Cheyenne River Reservation, South Dakota

Many of the very young Indian mothers and fathers of today were in grade school when I first went to an Indian reservation to work as a Red Cross public health nurse. That was a few years after the war. Automobiles were just beginning to replace horse and buggy for the farmers and the field matrons. Even the superintendents didn't rate a closed car!

We went flapping and rattling over the prairies at 40 degrees below zero or plowed deep into the sand at 108 degrees above. I remember chiseling off a high center with a screw driver almost surrounded by a prairie fire. For the 12,000 Indians on the Rosebud and Pine Ridge Reservations there were two Government doctors, one Red Cross nurse, one practical nurse at each hospital, four field matrons at Rosebud and none at Pine Ridge, one twenty-bed hospital and one twelve-bed infirmary.

We did little in the hospitals; as little as possible because of such poor equipment and so few nurses. There were a few orphans there and a few old paralytics. We set bones by guesswork and cleaned out gunshot wounds. We took in no tuberculosis cases to the hospital because there were no separate rooms for them. We had no sterilizer, no X-ray, no operating room lights. After a wind the snow lay eight inches deep on the upper stairs floor of the hospital. Fortunately it was made of concrete. In trying to arrange for plenty of ventilation the construction was scarcely weatherproof!

What kind of nursing would the Red Cross want me to do? When I reported to the doctor for instructions he handed me a bag with castor oil, urotropin, calomel, aspirin, liniment, sulphur ointment and remarked, "Well, if you are fool enough to use your own car you might as well help me out. I guess you can give these drugs out as well as I can."

When I asked sick people to go to the hospital they said they didn't like to stay alone at night. At home someone would stay up with them but at the Government hospitals, the nurses went to sleep! Poor things, one to a hospital for both day and night work!

I became such a good pill roller that the doctor complained of my success! Then I found that there was a way to get sick people to hospitals off the reservation if we could agree that it would be a wise way for them to spend their own money. I remember taking a ruptured appendix, a hemorrhaging gastric ulcer, a double mastoid and a toxic goitre up to a Pierre surgeon 125 miles in two open cars in November. We lost the back tire somewhere on the other side of Murdo-McKenzie, missed the last ferry across the Missouri and put up at what passed for a hotel at the Fort. I will never forget the surgeon's look the next morning when we unloaded promptly at eight o'clock at the Sisters' Hospital in Pierre.

I also found that Indians participate and cooperate in plans for health. I remember teaching a mother to feed her horribly thirsty baby boiled water with a medicine dropper. In two hours the glazed eyes and parched tongue were moistened again. The practical nurse at the hospital was good with babies but she found it difficult to keep the hospital clean and quiet if the whole family came with the sick member. So unless the family would leave the baby it was hard to carry out the best care for it.

In succession I lived at all the boarding schools to give the children physical inspections. It seemed to me that it was a world full of skin sores, red eyes, running noses and big tonsils, colds, tuberculous glands and malnutrition. Bread and gravy, beef stew with plenty of grease, half roasted coffee, tomatoes, potatoes, cabbage and turnips, beans and sow belly and syrup was the diet. It was about the same in the hospitals except that there we saw canned wax beans, canned corn, canned green plums, peaches, corn flakes and milk.



A Scene At The Modern Hospital At Rosebud, South Dakota

The hospital situation looked hopeless. I was certainly ashamed of Uncle Sam's idea of medical work. The more I saw of the substantial Indians the more I understood the hopeless tangle that their logical minds found in "the policies of the Government." As a Red Cross nurse I was curious to know the workings of the Washington Office. During the second year we made an economic and health survey. I will always remember with pride that doctor's heroic efforts to get together some information that could be used by the Washington Office. The Washington Office was embarrassed by the survey information. The snowball was getting bigger.

The more we looked at the situation the more hopeless it appeared. There was no money to buy what was needed or to hire personnel to do the work that needed to be done. The question put to me when I came to the Washington Office in 1924 by Commissioner Burke was, "Can you get the Indians to understand what to do to help themselves along nursing lines?" My answer was, "Most certainly, yes. Not all at once or equally are they ready for scientific medicine, but just as fast as we can offer a good grade of skillful care they will do their part. But it will take a good many nurses and lots of visiting in homes, lots of patient explaining and lots of unsuccessful attempts."

Finally Congress became interested in developing the Indian Medical Service. Each year there was more money for nurses, for supplies, for new hospitals, for equipment, for food and for doctors. You will scarcely believe that after my appointment as supervisor, on one of my trips I went into a place where they washed the sheets once in 17 days; they had only a few extra changes. I found a place where they carried the bath water for a city block in pails and it was 40 degrees below zero the day I was there! And I also found a place where the cook slept in the operating room. "It is warmer" she said, "and they never use it."

I remember a doctor who told me, "Indians never have diphtheria, or scarlet fever, or cancer, or syphilis, but they all are very, very sick with measles and tuberculosis; they have no resistance." But I've seen Indians sick with all those diseases and I've seen that with good food and nursing most of them get well of measles and recover from tuberculosis!

And how is it now in the Medical Service? Yes, there are still places as bad as in 1924. Alaska is really shocking in the lack of hospital service; in the lack of doctors and nurses to do the work; in the lack of money to get sickness cared for promptly. There are places where the nurses are too tired to be considerate of the patients. We have outgrown our hospitals in many places. But in some places we are giving as good care as any hospital in the United States.

Almost 15 per cent of the Indian Service nurses are Indian graduate nurses. They hold staff, field and executive jobs. There is always an opening for a competent Indian graduate, of one-fourth degree of Indian blood before the white nurse is considered. Indians of less than one-fourth blood must take their chances through civil service examinations.

What are the field nurses doing? Many things, I answer. Some are doing the same old ignorant dosing with drugs. They shouldn't do that; they do not know enough to practice medicine. The doctor should order the medicine after he has examined the patient. The nurses are too often the taxi ambulance drivers. This is something that a competent driver could do and though the patients seem to like to ride with the field nurse, we would like to have enough money to hire a driver to bring cases that must be carefully transported to the hospital.

In all her work the field nurse is teaching the best ways of managing sickness and the best way to avoid being sick. She is urging and explaining treatment, getting people to be examined, helping them to take care of themselves at home and encouraging them to go to the hospital when they are too sick to be at home without care. She is talking to groups that want to know about health matters. She is teaching the children more about health. She helps the doctors in dealing with contagious disease. She assists him at his clinics for diagnosis and treatment. She reminds the mothers about how to care for and watch their children as they grow.

She also watches the young mothers during pregnancy and helps the doctor arrange for the best possible care at the time of delivery and afterwards. She divides her time among many. She knows all the chronic diseases in her area. She talks about pure water, flies and disposal of excreta with the householder. In fact she does all the many things which are needed if we plan to conserve health. She follows up the active treatment with observation and instruction.

We can scarcely imagine a well conducted service without the field nurse to extend into the homes the interest and advice of the doctor to assure success to his efforts, to guide the Indian in making the best use of the available facilities for health. In the last 12 years Congress has made it possible for the Indian to help himself with a continuing increase of medical service. Slowly we are building up an understanding of the best uses to which nurses can be put.

There are now 425 hospital nurses. Most of the hospitals are well equipped. We can depend on it that the patient will not have to wake the night nurse. We know that patients operated upon will be given careful nursing care.



A Modern Hospital At Phoenix, Arizona

WILD RICE HARVEST

By Albert Huber, Credit Agent



Preparing the Wild Rice For Winnowing

conglomeration of Chippewa and English! Rice harvest is on! A time of festival! A time of work!

Canoes spot the lake. Women are seated and are busily knocking the rice into the boat. Men, half standing, push and pull the canoes along. Enough of the ripe kernels fall into the water to provide the seed bed for next year. The Indians carefully allow for this. Property owned by the whites along the opposite shore is now practically without rice. The owners gathered too efficiently; some even before the rice was ripe.

One canoe is pulling in. The bottom of the boat is covered about a foot deep with the brownish-green vegetation - rice. An old man alights. His engraved face is dripping with sweat. Pulling and pushing a loaded canoe along even under the weakening autumn sun is hard work. He stands on the shore regaining his breath. He throws a few sticks into the water. The dogs who are playing with the boys desert them. He yells something to the boys in Chippewa. They laugh. "Brownie understands Chippewa better'n English," they tell him, explaining the dog's disloyalty to them. They seem to understand but talk with each other entirely in English.

The Indian woman remains sitting in the canoe. Almost affectionately her hands run through the rice and extract bits of foreign material; reeds, leaves, grass and weeds. The man speaks. She arises. Although stooped and old she balances carefully so as not to endanger the rice. Once she is on the shore the man pulls the canoe up to higher land. Gunny-sacks appear and the rice is poured into them. The sacks are carried and carefully stored temporarily in the dry, tar paper shacks.

Perhaps a buyer will come around tonight. Perhaps the rice will be sold green; then again it may be threshed, parched winnowed, graded and sold as the finished product or stored for the Indians' own consumption during the coming winter.



A Wild Rice Gatherer

Wild rice harvest has always meant much to the Chippewa Indians. Originally it was used only for their own consumption. White settlers have gradually recognized the worth of the product. The demand seems to be constantly increasing. To some people wild duck isn't complete without wild rice dressing. This year the crop is good in spite of the drought. Before the season is over, as many as a thousand families may have engaged in the harvesting of the crop. The season is short; only about a month and much must be done within that time. But it is fun too.

Chippewa Indians who have been away from the reservation for years, say that when the frost begins to creep into the air, they miss nothing of reservation life so much as the fall rice camps.

Wild rice is a native Indian industry. With the growth of the demand on the part of the white people the industry grew accordingly, but in a haphazard manner. Prices varied from 12¢ a pound for the finished product in the field. City dwellers paid as high as \$1.00 a pound for the same product. The Indians estimate that the rice harvested in Minnesota during a single normal year is about 100 tons, of which they gather approximately 75%. An opportunity awaited them.

Indian leaders, with the spread between the price received by the Indians and the price paid by the city consumer in mind, decided that something should be done. The nature of the enterprise called for cooperative effort. The Chippewa Indian Cooperative Marketing Association, the articles of incorporation and by-laws of which were approved by the Secretary of the Interior on June 13, 1936, was the result.

Instead of selling their product to outsiders as in the past, the Indians will now be encouraged to sell to their own organization and as the organization profits, dividends will be declared to the producing members on the basis of their contributions of business to the Association. The spread between the producers' and consumers' prices will go largely to the producers.

The Association will undertake grading of the product. The rice will be refined and recleaned before being placed on the market. Eventually a uniform product will be established and the price will be based upon the grade of the rice. In its initial operations the major part of the rice will be sold in bulk; the same as it has been sold by others buyers in years past.

Some, however, will be retained and packaged for sale direct to the consumers by the Association. Eventually the entire product may so be sold. Efforts will also be made to discourage the selling of green, unfinished rice. The difference in price between green and finished rice is well worth the work of finishing the product for market.

The Association does not intend to confine its efforts entirely to wild rice. There are other Indian products which call for cooperative effort in the same way, namely, maple sugar, furs, cordwood and arts and crafts products. Beginning with the rice the Association will build up gradually until it is a big factor in the production and marketing of each of these products in northern Minnesota.

Funds for the operation of the Association were made available to the Association by the 74th Congress which authorized the Secretary of the Interior to withdraw as much as \$100,000 of the funds on deposit with the Treasury of the United States to the credit of the Chippewa Indians in Minnesota and to loan such funds to the Association. Thus Indian funds are being used to finance an Indian cooperative association in the marketing and disposition of Indian products. The officers of the Association are all Indians and an Indian manager is being employed to direct the business affairs of the Association. The officers of the Association realize that with wild rice as the basis upon which their activities are to be undertaken, the rice beds must be protected.

The officers plan to work closely with the Conservation Commission of Minnesota in protecting the rice beds. The State of Minnesota has endeavored to protect these plants and in 1931 the State Legislature enacted a law which made it unlawful to wantonly or unnecessarily break down or otherwise injure or destroy any wild rice plant in the public waters of the state.

While, up to the first of September, the Association had not purchased a pound of rice, benefits from cooperative effort were already accruing to the Indians. Green rice was being purchased early in the season by the usual buyers for 4¢ per pound which was far less than its worth. The manager of the Association started his purchases at 8¢. Within a few days the Indians were receiving 9¢. The average price for the finished product for the past several years has been 25¢ per pound. The crop is normal this year and offers have already been received from outside buyers for 45¢ per pound.

The shadows of the tall pine, birch and aspen lengthen in the lake. More canoes are pulling in. The boys leave the canoes and their dogs. Smoke weaves in and out of the trees. Appetite-creating sizzle and odor of frying bacon, fish and boiling coffee calls the gatherers to camp. The children are not quite so active now. It is getting colder. The fires are more comfortable. The rice gatherers bring huge gunny-sacks from the lake filled with the results of the day's activities. Dusk falls quickly. The rhythmic beat of a tom-tom commences. A moccasin game starts after a day's work. The chill increases. Camp fires paint pictures on the trees. The children huddle around the fires. One day of rice gathering is passed. It's cold. Fall comes early in northern Minnesota.

TRACHOMA

By Polk Richards, Physician

United States Indian Service



Examination of Trachomatous Children at the Fort Apache Trachoma School, in Arizona, Where 250 Are Enrolled and Under Adequate Treatment

Trachoma, prevalent among several Indian tribes, is a specific communicable eye disease which is due, very probably, to a filtrable virus. It has been known for a long time that trachoma is "catching" and that the only way a person can catch or become infected by the disease is through the medium of the secretion or discharge which comes from an eye already infected by the disease. The virus which causes trachoma is contained in this secretion, some of which, if a healthy eye is infected, must be directly or indirectly transmitted. People do not just have trachome - that is, it does not develop spontaneously. Where did the first virus come from, you may ask? If you do, we shall answer by asking you where the first elephants or horses came from?

Anyway, it is well to remember that every individual who has the disease is a victim because he or she, in some manner, got some of the secretion from an infected eye into his or her eyes. Hence the importance of taking such precautions as thoroughly washing the hands after treating or otherwise handling an infected person, segregating infected pupils that have discharging eyes, disinfecting books, pencils, desks and so forth which are used by infected pupils.

You will wonder, no doubt, if as we say, trachoma is communicable, why everybody who is more or less in intimate contact with infected individ-

uals does not contract it. We see nurses, doctors, teachers and others in the Indian Service constantly in contact with and caring for infected persons in the performance of their duties, yet comparatively few of these people have ever contracted it. We have personal knowledge of only a half dozen authentic cases. Such workers, as a rule, take reasonable precautions, which in a large measure, accounts for their escape.

It has been our observation that trachoma is most likely to be communicated to others in the early months of the infection during the so-called acute and sub-acute stages. It is in this early stage of the disease that disease from the eyes is most abundant.

Trachoma among Indians, and among the white population in certain sections of the country, notably southern Illinois, constitutes a health problem of considerable magnitude. What are we doing to solve the Indian trachoma problem? Are we all cooperating to the end that the best medical knowledge affords in methods of treatment and prevention shall be brought to bear on the problem? We invite suggestions. Since more than 50% of the afflicted suffer more or less visual impairment, ranging from slight defects to total blindness, unless they are treated early and skilfully, our first duty, it would seem, is to see that provision is made, wherever possible, for the proper treatment of every trachomatous child.

As above stated, not much can be done to restore vision in old cases of many years duration, but in the more recent cases, found principally among children, full 95% can be cured or the disease arrested with little or no visual impairment, if subjected to adequate treatment. By curing or arresting the disease, two important objectives are accomplished. The patient's vision is preserved and a source of infection is eliminated. Adequate treatment, therefore, is our most effective method of dealing with the problem.

At the Theodore Roosevelt Boarding School at Fort Apache, Arizona, we have an ideal set-up for the proper treatment of trachoma. There, at present, some 250 trachomatous pupils (all afflicted school age children on the Whiteriver Reservation) are enrolled and are under the observation and treatment of a specially trained medical personnel. In this school telling results are being obtained; results that we cannot hope to obtain in some of the other schools where treatment is given more or less haphazardly. Besides, in this school the routine educational program is carried out just as in other boarding schools. Treatment periods are arranged so as not to interfere with the regular school work.

In dealing with this Indian trachoma problem, next in importance to adequate treatment, in our opinion, is classroom instruction in the cause, nature and prevention of the disease, including home and personal hygiene. In other words - Health Education.

ACTIVITIES AT SUMMER CAMP

The following stories were written by the children who were enrolled at the summer camp at Sherman Institute in California. These stories are indicative of their reaction to the summer camp set-up. They have been copied as they were written.

Eats

When we first came to Sherman Institute the first thing that I recognized was the food that we ate. The children here were nice and fat because they always ate their vegetables that were served in the dining room. Then when we went to the camp at the Big Pines, the food was very good. They had plenty of vegetables and fruit. Most of the girls here gained at least a half pound because at the camp they made us eat our vegetables.

At the Fort Yuma School in Yuma, they served vegetables too, but the children did not eat their vegetables all the time and that is why most of the children were underweight. We would like to thank Mr. Caterina and the other cooks for the splendid food that they cooked for us. Ada Chapos
Age 13 - Yuma Tribe.

Table Manners

When its almost time to eat, wash your face and hands first before you eat. Then go quietly and sit down. Serve yourself or if somebody serves you, say "Thank you." If you want some bread say, "Pass the bread please." After you serve yourself, pass it on to the next person. When you're through eating, if you want to go out, say, "Excuse me please." Mildred Yeager
Age 13 - Yuma Tribe.

Beadwork

We are sewing beads. Miss Walker helps us. Some girls like to sew beads. Some of the girls are nearly through with the beads. I'm nearly through with my necklace. Nearly all the girls made beaded belts. We are going to take the belts and necklaces home and show it to our parents. Leatrice Hawthorne - Age 11 - Yuma Tribe.

Dishwashing

At dishwashing we change around. Mrs. Smith's table washes in the morning. Miss O'Brien's washes at dinner time, Miss Walker's table at supper and Mrs. Curran's table washes in the morning. When we wash dishes we wash them very clean in hot water and then rinse them. Sometimes we eat when we are washing dishes. We have lots of fun washing dishes. We like dishes. I sure do like to. Starlight Cavanaugh - Age 13 - Yuma Tribe.

INDIAN POTTERY BY THE ROADSIDES

By Kenneth Chapman

Acting Director of the Laboratory of Anthropology, Santa Fe, New Mexico



Rosa Lee - A Famous Potter of the Village
of San Ildefonso

New Mexico earth moulded by the deft hands of Indian women into bowls, jars, dishes - decorated with a brush of cactus fiber dipped in the juice of a flower, in patterns, some of them older than historic time ... that is what Indian women and their children offer you along the highways of New Mexico.

At the sound of an approaching motor they emerge from their brush or stone shelters, their bright costumes fluttering, their arms waving, that you might stop and see the pottery of their villages located miles off the highway. Reticent sales agents these, yet appreciative of your interest, and if you recognize shapely forms, good firing and neat brush strokes they feel, perhaps, that their great labor has been worth the smallness of their wage.

The tourist, if he enters northeast New Mexico by way of Taos, may see displayed there and occasionally in villages farther on, examples of the old style wares of Taos and Picuris - useful bean pots and water jars of glistening micaceous clay, decorated with simple indented bands and fillets, and fired to a rich golden brown, often splotched with black smudge spots from the primitive but effective firing.

Farther south, the enterprising potters of San Juan, not content with the handsome, plain polished red ware of their grandmothers, have made tremendous efforts to capture their share of the tourist trade. Their revival of designs incised in the wet clay, and their experiments with pastel shades of native clays are being rewarded by steadily increasing sales.

Further on to the south, and across the Rio Grande, lies Santa Clara, for centuries past the home of the polished black ware now so much in

demand. To buy Santa Clara pottery is one of the most interesting experiences of the Indian country. Winding through the narrow twisty lanes of corral fences, alfalfa stacks and back yards, one suddenly is in the middle of a broad, cleanly swept plaza, fairly devoid of human life, that opens its blue doors to emit anywhere from ten to thirty women. They are Indians in typical Pueblo costume; white boots, pre-Hispanic dress, broad red sashes ... and on their heads huge baskets of pottery. Not one word is muttered while they form a wide circle around your automobile, place their goods in the shining dust and stand behind them while you ponder which piece is the most beautiful pots of every conceivable shape; candlesticks, quaint families of turtles, dogs and other animals.

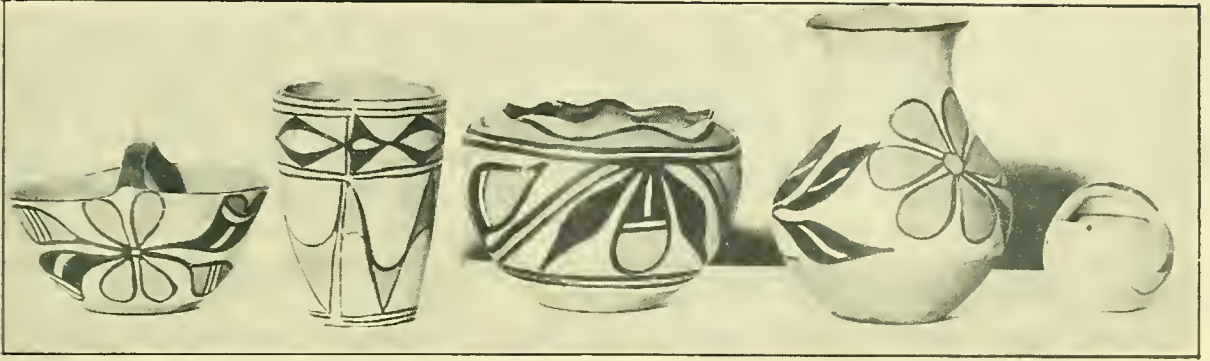
Foremost among the younger workers at San Ildefonso is Marie Martinez, whose superior work has brought fame to herself and her community. Plying the traditional craft of her people, Marie gradually brought about a perfection of form and finish in old style wares, but more particularly with her polished black pottery - only a little of which had been produced in former years. Later her introduction of the dull black decoration on the polished black surface proved a master stroke. Younger potters have since given their individual expression to these and other types, each striving in her own way to uphold the same high standard of excellence.

One other feature in pottery making sets San Ildefonso apart from other pueblos. Hardly a single potter is left who decorates her own ware. Their husbands, their sons and brothers now attend to that. Julian, Marie's husband, introduced this unique cooperative movement years ago, after long years of patient study of design and gradual experiments with their use on Marie's finely finished bowls. The uniform excellence of the men's work has added much to the fame of the pueblo. San Ildefonso is a mecca of tourists eager to buy from the makers themselves.

Eight miles from Santa Fe, the potters of Tesuque Pueblo turned long ago to the production of figurine "rain gods" by countless thousands. Of late they have conceived the idea of painting the surface of little bowls and ash trays, with brilliant kalsomines and poster colors, that erase or run when moistened, or may even rub off in your hands. Such trivialities flood the roadside shops and the five and ten cent stores and very little is known of the honest attempt of a few Tesuque potters to produce an attractive brown ware with true ceramic decoration fired in white.

One must fare far from the highway to visit Cochiti Pueblo. With so few visitors the potters must sell mainly to the traders in Santa Fe, who handle quantities of their well-made pottery in the traditional style of fifty years ago - with symbolic designs of clouds, lightning and rain done in black on a creamy buff.

Between Santa Fe and Albuquerque the tourist is greeted by the pottery vendors of Santo Domingo who come from the pueblo, five miles off the



Santo Domingo Pottery

highway, to display their wares by the roadside. The potters of this conservative old pueblo mostly offer their imitations of the latest and most popular wares of other pueblos, usually crudely moulded and decorated and poorly fired, although a fine black on creamy buff ware can sometimes be found in the village proper.

At Zia, pottery making has long been the mainstay of the once important pueblo, for the beautiful water jars of stony hardness - white or buff with well-designed traditional decorations in black and red - are prized by all Indians and Spanish alike. Thousands of miniature replicas of their own useful pots, honestly fashioned and well-fired, are made for the tourist. Yet added to this, the potters have been encouraged in the making of Mexican hats, in clay and other trinkets. They well deserve a place in the sun, along a better traveled highway.

Westward, on Highway 66, is Mesita, one of the Laguna villages, where pottery making has been revived since the increase in motor travel. Neither here, nor at the other Laguna villages farther on, is there evidence of a serious attempt to revive the high standards of fifty years ago, though the potters use the same good clay, the white slip and attractive colors combined so masterfully by their neighbors at Acoma.

Old Acoma, well off the highway, is now all but deserted except for the families of a few potters who set out their wares on the rocky ledges as tourists come up the trail. Acoma pottery is now made mainly at the farming villages of Acomita and Santa Maria de Acoma, near the highway. Fine large pieces are still to be had in the homes, but few reach the roadside stands where the women and children offer little more than tourist bait in the form of pots with rims and handles of crimped or braided yellow clay.

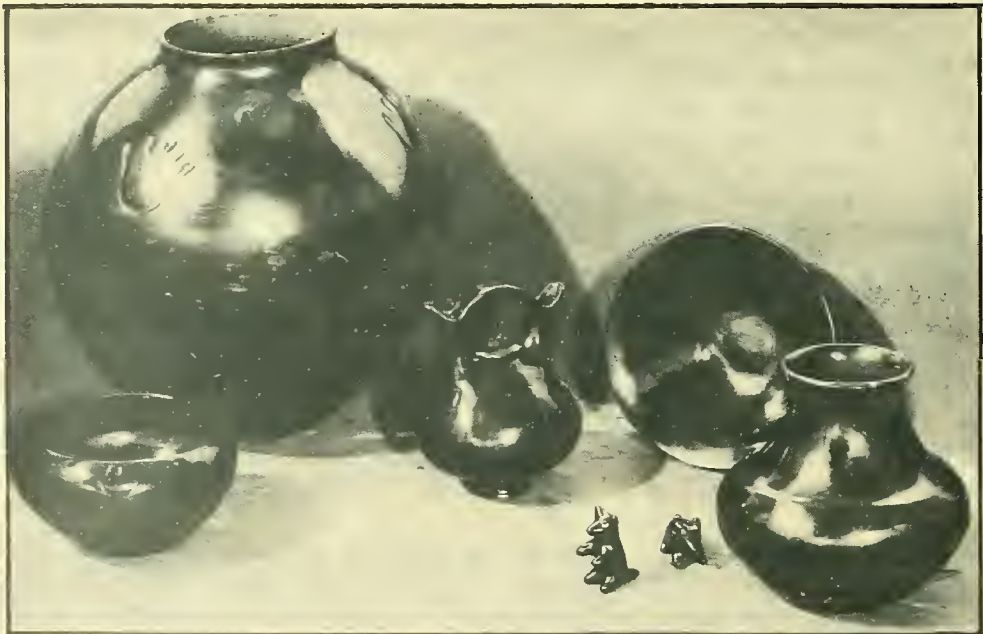
The pottery of Zuni, sturdy in quality and marvelous in decoration, is still prized by collectors, though it finds but little sale in modern competition. A few of the aged potters hold to the high standards of old, and some of their recent productions are museum pieces commanding surprisingly

high prices. The younger generation has turned their hands to silver and other more profitable crafts.

The Hopi towns of north central Arizona lie far off the highway, yet their pottery is found in shops throughout the southwest. Once the principal craft of each village, it has survived at only a few, and principally among the Tewa who came from the Rio Grande Valley in 1700, at the invitation of the Hopi. Here in their new home they followed their own traditions in pottery making until the 1800's when Nampeo set a new style with her revival of ancient Hopi forms and decoration which she studied as they were being brought to light by archaeologists from the Smithsonian Institution in the excavations of the nearby ruins of Sikyatki.

The other Tewa potters followed her lead until today her influence is seen in the greater part of their product. Burning from a creamy white, to yellow and red-brown, their clays - the finest in all the southwest - provide an excellent surface for decorations in red and black. Several shapes newly introduced, are un-Indian, but the best Hopi pieces such as shallow bowls and low bodied water jars, decorated with the ancient symbols in bold, sweeping curves - these are specimens well worth a detour to Hopi land, if they cannot be had in roadside shops nearest the reservation.

Such a trek across Pueblo land, from either west or east must leave the tourist with a blurred impression of pots and more pots - good, bad and worse. If he seeks only the cheap, the amusing and gaudy and unusual, he is sure to find much to satisfy his taste. But if he wishes to select pieces that are beautiful and useful as well - bowls and jars that tell in form and decoration, of the age old importance of pottery in Pueblo Indian life, let him plan his purchase with a few simple points in mind.



Santa Clara Pottery

Pueblo pottery is comparatively soft and porous. It could be fired harder, but too much heat is apt to warp it and to destroy its color and smooth finish. So each pueblo has learned the approximate temperature needed to produce the most satisfactory results. A well-fired pot should ring clearly when tapped. Cracks, even though barely visible, may be discovered by the dull sound of the pot. Porosity is a desirable feature of water jars in Indian use, for the evaporation cools the water. But such ware must be waterproofed if it is to be used for flower vases.

Several applications of hot paraffin, asphalt or varnish to the inner surface will seal the pores. As for the decorations, they should be painted on with true ceramic pigments before the pot is fired. Their color range, limited by what nature provides, consists of black, occasionally white and the ochreous clays which usually burn red, though at Acoma the potters have found varieties which provide rich tones from yellow, orange and red to a deep red brown. Beware of colors, blues, greens and purples, painted on after the pot is fired. True ceramic colors, if well fired, will not rub off easily, either wet or dry. If a pot passes these simple tests, it should serve to remind its owner of happy shopping days along the sunny highways of New Mexico and Arizona. Reprinted from New Mexico Association on Indian Affairs - No. 5 Art Series. Pictures, courtesy the Laboratory of Anthropology, Santa Fe, New Mexico.

HEALTH EDUCATION AT WINGATE SUMMER SCHOOL

By Edna A. Gerken, Supervisor of Health Education

More than 150 teachers and Indian assistants attending the Wingate Summer School availed themselves of the opportunity to become familiar with procedures for improving health through a physical examination. In connection with it they learned of the part which the X-ray and various tests plays in determining health needs. Because of this experience many teachers were able to take necessary action to improve their present state of health. Less tangible perhaps, but equally gratifying to the individuals concerned were the personal interviews with the psychiatrist who counselled in regard to problems in mental hygiene.

It was originally planned that teachers should enroll only in such courses as would permit following a well-balanced program with due attention to rest and recreation. This, however, proved to be somewhat Utopian. Teachers were so eager to grasp the opportunities presented for help in their specific problems that many disregarded the recommendations of the staff as to short schedules. Nevertheless, some men and women could be seen at almost



Demonstration Of The Use Of
A Common Barrel For
A Cradle

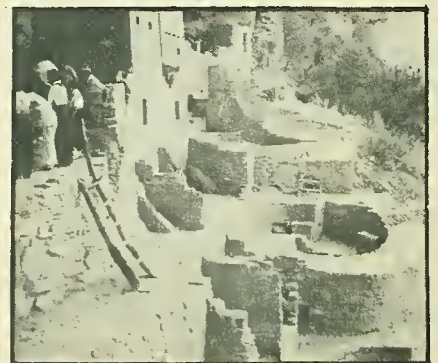
any hour of the day indulging in such wholesome sports as archery, volley ball, pitching horse-shoes, golfing, badminton or tap dancing under the expert guidance of the recreation leaders. Week-ends spent in exploring native Indian villages, art museums and National Parks also helped to provide relaxation. Such experiences in healthful living contribute to effective health teaching and play an important part in training for leadership.

The school clinic was a busy place every morning when teachers donned white gowns and protective goggles; scrubbed their hands and proceeded to learn how to give the daily care which trachomatous children require when under treatment by the physician and nurse. These educational phases of trachoma control work are recognized as being of equal value with treatments. To prepare them to meet the emergencies which occur in remote community centers and to be able to instruct their patrons in these procedures, teachers learned to administer first aid, to clean up cases of impetigo, pediculosis and scabies.

The teachers bathed babies in the Navajo hogan on the campus and studied simple procedures in connection with the care of the sick in the home. School activities in health were discussed, health activities in the demonstration classrooms were observed and methods of acquainting their people with the fact that there are such things as bacteria, the "invisible worms" of the Navajo were demonstrated.

For two weeks in August a group of Navajo women who are serving as housekeepers in the day schools worked to acquire skill in health procedures. Meal planning, household sanitation, first aid, infant and child care and home care of the sick occupied their days. A number of infants were brought to school with their mothers and these were much in demand in the demonstration work. Cases for observation were also provided by the local hospital.

There is a growing recognition of the part the teachers play in the care of child health in school and in the development of those habits of living which make health possible. Teachers and housekeepers as well as doctors and nurses are concerned with this work. A number of doctors and nurses were in attendance with teachers in discussion groups at various times. Health education is primarily concerned with teaching how to live. Workers in Indian day schools do not seek artificial devices in teaching health. Abundant opportunities for this instruction are found in the daily routine of the community center. It is believed that real progress in health will result from the activities of parents and children under the leadership of doctors and nurses, teachers and their assistants.



Teachers Group Sight-seeing
at Mesa Verde

I.E.C.W. COMMUNITY GARDEN

By H. M. Klentschy, Project Manager

Consolidated Ute Agency, Colorado



I.E.C.W. Community Garden

"The worldly hope men set their hearts upon
Turns ashes - or it prospers; and anon,
Like snow upon the desert's dusty face,
Lighting a little hour or two - was gone."
Omar Khayyam.

So it has been with our I.E.C.W. garden project. It was with high hopes that we entered into this work the middle of April when we called a meeting of all men enrolled on E.C.W. at Towaoc. At that time 20 men signified a desire to use their spare time in farming the agency farm located on Mancos River.

Plans were made that would enable a few men to be employed at the farm at all times. This arrangement meant that the men employed would have to work 30 days per month; that is, they would work the full time required on E.C.W. construction projects and donate the remainder of the month to farm operation. By rotating the crews the regular Emergency Conservation Work was not hampered and still we had available men for work on the farm.

Two of the men with experience in tractor operation volunteered to do the plowing. With a tractor and a two-bottom plow borrowed from the agency these men were able to plow approximately 40 acres of land during the last week of April.

The land was plowed to a depth of 14 inches to provide for deep irrigation as a provision against drought. This deep plowing turned up hard, dry clods of earth which we were unable to bring to the degree of tilth that we desired. We used every means at our disposal, roller, clod buster, discs and float but still did not get the desired results.

Ditches were laid out and constructed with a grader and planting started on May first. As is customary in this country, by common consent, the watermelons were the first seeds planted. The land with the best preparation was chosen. Four acres were devoted to this crop. The seeds were planted with a hand planter. About ten acres were planted in corn, beans and peas using an old planter and team. An acre of cantaloupes was also set out. Onion sets on about one-fourth acre were set out. Radishes, parsnips and carrots were drilled with a hand drill.

Water was put on the land as soon as the planting was done. Some of the men with more experience in the handling of the water looked after this detail. We had hopes that with moisture deep in the ground the "cloddy" surface of the ground would disappear.



Additional land was plowed to provide for potatoes, turnips, squash and so forth; some of which we were able to give surface irrigation before plowing and we were able to secure a better tilth. By the twenty-first of May we had about 50 acres planted - all with one irrigation.

The Watermelons are Growing Well

At this time disaster overtook us. We lost our water through a flume failure. This flume carries water from the river over a gulley which provides for side drainage through the farm. By the first of June, the flume was repaired and by that time the flow of water in the Mancos River was materially reduced. All the available water that could be spared from the alfalfa crops was used on the E.C.W. project. Water was used on the hay at nights and on the garden crops during the day.

By the tenth of June the river was dry and no water was available. This condition prevailed until July 18th, when we had a good shower at the farm and some water for a few days from the river. In the meantime the various seeds germinated and for a time the lack of water was not detrimental due to the deep plowing which provided a reserve moisture. The vine crops, watermelons, squash and cucumbers especially, were thriving. These crops were irrigated a second time and will bear well. The corn crop will be short. We had all the radishes that could be used. Onions will make a fair crop.

Our bean and pea crop was a failure and was replowed and corn was planted instead. This is now up and with a possibility of showers, and intermittent water from the river, we stand a good chance of making a considerable amount of soft corn. The two crops, watermelons and squash, are favorites with the Indians and of these we will have an abundance. To appreciate the value set on these two crops it is only necessary to see the attention given to these crops. In our watermelon patch one would be hard put to find a single weed. The same is true of the squash. Cockle burrs grow rapidly on the farm and to eliminate them requires that they be pulled by hand under a sun beating down relentlessly with the thermometer hovering around 110.

Aside from any material results from this project in the form of food, valuable as that may be, the interest and hard work that has been given by the various men is worthy of credit. Whereas 20 men volunteered to cooperate at the meeting in April, we now have 35 who have donated labor; some of these not expecting to share in the produce. Then too, a careful watch of the river is kept and we are given word 24 hours in advance when to expect water at the farm. Some friendly Indian will note a flow in the Mancos River Canyon and will pass the word along. A much better understanding between the enrolled men and the supervising personnel has resulted from this project.

A PATIENT'S STUDY COURSE IN TUBERCULOSIS

Shawnee Indian Sanatorium - Shawnee, Oklahoma

You are all here to help us help you get well from the disease called "Tuberculosis." I say "to help yourselves" because there is no medicine that you can take or any advice to be given that will be of much benefit unless you pay strict attention to your conduct and make up your minds to take advantage of this advice from doctors and nurses.

It will be a wonderful thing for your race if while you are here you learn how this disease makes one ill, how it is spread and what things to do to prevent it, so that on leaving the sanatorium you will be able to give this knowledge to your people. This will take study on your part and close attention in class. We do not expect you to understand all these things in a short time for it has taken doctors years to obtain this information. Therefore it will be necessary to repeat some points again and again to impress upon you their importance and for the benefit of new patients as they arrive.

It is very important that you fully understand that tuberculosis is an infectious disease and can be given to other people through thoughtlessness in many ways and by carelessness in the disposal of your sputum and by not keeping clean bodies and hands. Always cover your mouth and nose with a paper tissue when coughing or sneezing and then immediately put the used tissue in a paper sack to be burned. Wash hands often with soap and water and keep fingers, pencils and other objects out of your mouth.

If you spit on the ground or on floors the germs remain alive for a long time and are finally dried and blown about by the wind for other people to breathe or otherwise taken into their bodies. Some people have never been told or have not heeded the advice given to them and they go on coughing and spitting and spreading the disease among helpless children and young people. That is why each one of you is sick today. You are here with a diagnosis of tuberculosis because someone was careless.

The best place to fight tuberculosis is in the sanatorium where all are present for the same purpose. Rest is of the greatest importance in the treatment of tuberculosis and in a sanatorium you are taught the real meaning of the word "rest." If you were at home you could not possibly get the proper rest because of interference from visitors and even members of the family who do not understand about the disease and its proper treatment. There are many temptations to break our rest routine at home.

To follow the rest treatment successfully it is also necessary for you to have self-discipline in mental as well as physical matters. When it is time for rest period you should take that entire time for nothing but rest. This means there must be no reading, sewing, talking or laughing - all this is exercise. Then go to bed and stay there quietly even if you cannot sleep.

There are others who really want to rest and your walking about is annoying to them. Just resting quietly in bed even if you do not sleep will aid Nature to build up your diseased lungs. Do not feel that you are being scolded when the nurse or attendant points out your mistakes in matters of exercise. They do it to remind you of what is best in your fight to get well.

Never stand up when you can sit down and never sit when you can lie down is a good rule to remember while you are fighting tuberculosis. The more rest you get the sooner your case will be healed. Do not get impatient or discouraged as you cannot cure tuberculosis in a day or a few weeks. It may take years, but it is better to use those years now to get well than to wait until the disease gets such a hold that even rest cannot help you. Of first importance in knowing how to rest is to put yourself in the right mental attitude. Try to be cheerful and make up your mind to carry on the fight even if you know it will be a long time. Fretting and fussing only make your progress slower. So a good part of the battle depends on you.

If during the rest period you are lying there with rebellion in your hearts and trying to think up ways to beat the nurse or attendant you are cheating only yourself and making your stay here much longer than if you remained cheerful and kept only pleasant thoughts. When you lie down, relax; let the bed hold you up; don't try to hold it down.

Never harbor the thought that you will not get well. Keep up the fight! It has well been said that tuberculosis is one of the most curable of the serious diseases if you never give up hope and stick to the proper treatment. Again I say, the great responsibility of your getting well is yours. Some patients do not want to come to the sanatorium to get well, but think that they should have a bottle of some kind of medicine to take at home. That is because they do not realize that the best medicine for tuberculosis does not come in bottles but consists of rest, fresh air, nourishing food, plenty of water and proper hygiene.

Any medicine strong enough to kill the germs in our bodies would first destroy the delicate tissues of the lungs and other organs. There was one poor old gentleman here who thought if he were given a bottle of medicine to take home with him he would be able to attend to his spring plowing and other work the next week. He did not realize that the cure for tuberculosis is rest, for a long, long time.

Remember, this is your battle. What we say here applies to everyone of you personally. It is necessary that you fight intelligently and this is the place to learn how. Ask questions. Try to express your ideas about these matters in class and try to put into practice in your daily routine what you learn here. Make up your minds at the start to get benefit from every day's treatment. Many people lose weeks or months of time because they are slow in learning how to rest in adapting themselves to a changed way of living. Be determined to remain in the sanatorium until you are well. Do not ask for leaves and visits home. These are always a risk and in some cases fatal. Regularity and faithfulness to treatment are the points which count. Have the will to win! Reprinted from "RESTMOR" - Shawnee, Oklahoma.

T H E M O R N I N G B A T H



Seminole Agency, Florida

NEWS FROM THE SOUTH

By F. J. Scott, Superintendent Seminole Agency, Florida



New "Chickees" Being Constructed

allowed the Florida Seminole Indians for use in clearing land and improving homes. The land recently bought for their use and offering the best promise for farming and gardening purposes was land covered with a dense growth of trees and bushes, but the carving of fields and garden patches out of tropical jungles was not a new undertaking for these carefree inhabitants of the swamps and glades.

In the days gone by, they have retreated to the swamps and jungle lands when the onward march of civilization threatened to engulf them, where they spent much time and effort clearing fields, but, since they held no rights to the improved lands, other than the rights acquired by squatters, they were forced to move on when white settlers acquired the lands on which they were living.

Early in July the workers, who could be promised a security wage of only \$21.00 per month, entered this tropical jungle land, where poisonous snakes lurked behind rustling palmetto fronds and where mosquitoes and sand flies waited to deal misery



A Seminole Indian Who Walked 170 Miles
To Help With The Clearing Work

Down in tropical America, where most folks plan on expending a minimum of energy during the hot summer months, a group of Seminole Indians have deviated from their long standing custom of following the line of least resistance during the sultry months of the year and have been putting forth Herculean efforts to bring about the rehabilitation of their people.

A small grant of rehabilitation funds was al-

to all living creatures and in this sun-blistering and forbidden area, they proceeded to reclaim many acres of rich farming land.

Day after day and week after week, they have toiled beneath a sweltering sun and have accomplished a splendid piece of work. As an indication of the interest taken in the work it may be stated that one of the Indians of 63 years of age, learned of the rehabilitation work being done and without waiting to ask for a ride to the project, walked and hitch-hiked one hundred and seventy miles to the project and is now working along with the younger men who are more active, but not more enthusiastic or industrious.

The improvement of homes for the Seminole Indians, in the manner deemed proper, was much easier of accomplishment and much of it was done by the Indians on their own time. The homes enjoyed by these Indians consist of a simple framework, with only palm tree branches to cover the roof. They use no side walls or obstructions of any kind that would prevent a constant flood of pure, health giving and health restoring fresh air. No doors, no windows, no fancy trappings - just an open shelter where the beneficial effects of an abundance of fresh air and sunshine may be enjoyed. Their use of homes of this type has probably been responsible for the survival of this sturdy remnant of a once large and powerful band of Indians who roamed over that part of our country now known as the State of Florida.

The improvements being made to homes consist of replacing decayed material and rebuilding each "chickee" or shelter needing attention.

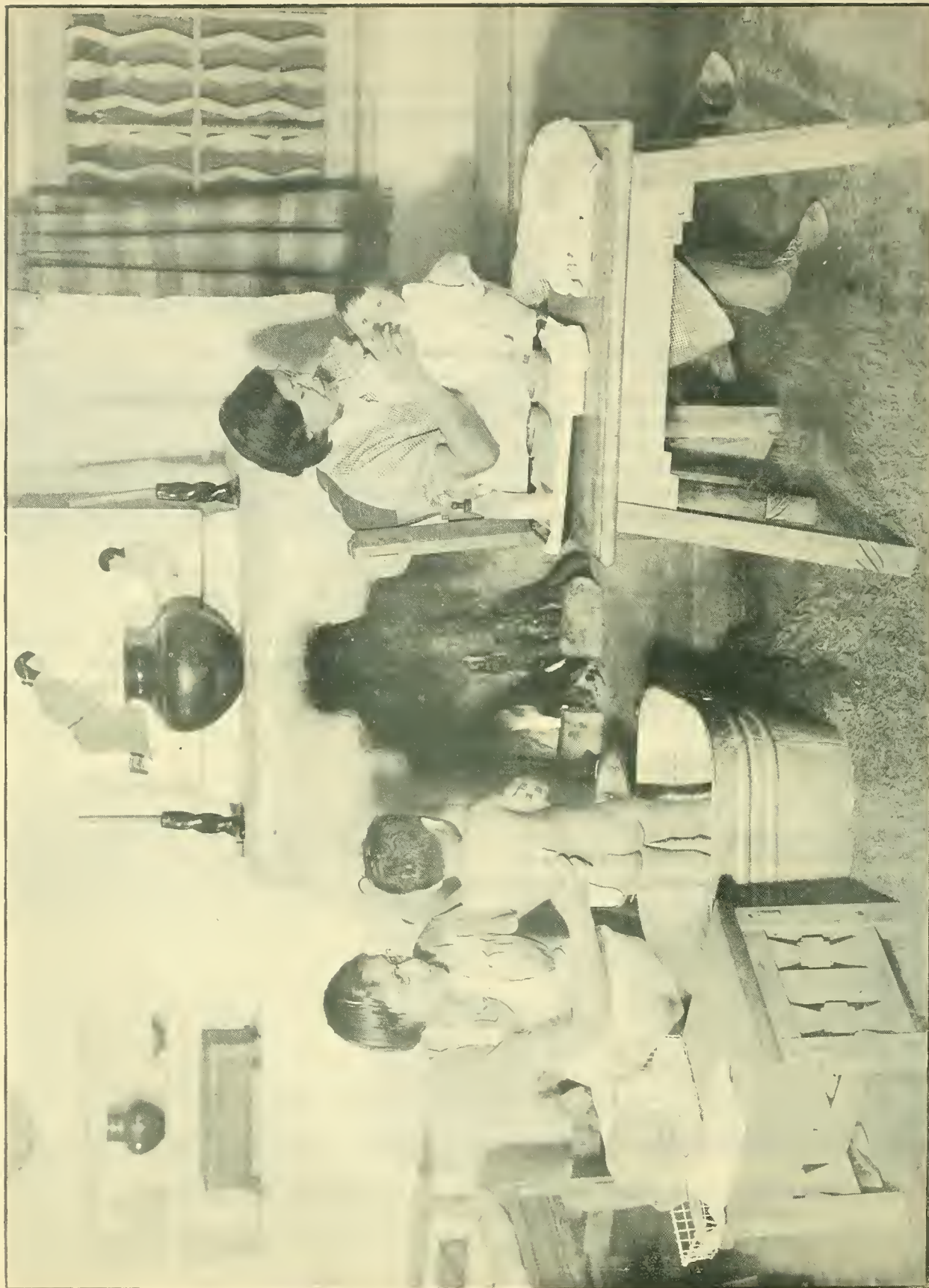
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PERSONNEL CHANGES

On October 1, Superintendent Fred W. Boyd of the Warm Springs Agency in Oregon will take charge of the Fort Belknap Agency in Montana and Superintendent J. W. Elliott, now in charge of the Fort Belknap Agency, will assume the superintendency at the Warm Springs jurisdiction on the same date.

THE COVER PAGE PICTURE

The picture which appears on the cover page of this issue of INDIANS AT WORK is that of Miss Mildred Isabell Joe. Miss Joe was selected as a prize baby in a baby contest held in La Conner, Washington.



Photograph by Ernest Kne

WHY WE NEED REAL LIVE BABIES IN OUR INFANT CARE CLASSES

By Daisy K. Kee

Santa Fe Indian School, New Mexico.

We do need real live babies in infant care classes because it is not so interesting when we have to do our practice with rubber dolls or some kind of a doll that never moves around like real live babies.

With a real live baby you can train yourself now while you are yet a girl to take excellent care of one. It would not be a doll that you have to care for in a lifetime. Most all the girls, when they grow up to be a mother should know at least how to handle and to care for their babies. You may be asked to take care of an orphan child some day and if you do not know anything what will you do?

We need real live babies in infant care classes because we will know how to handle a baby when he is still small, bathe him feed him, put him to bed as well as make a bed for him and know what to put on him. So when we get out in the world for ourselves, we will know how to handle our own babies without asking for help and use what we have learned in our childhood days. It is not so difficult to learn these things if you only do a lot of practicing with real live babies.

Maybe some day when you have taken full training in the care of an infant you may want to write for some of the booklets on pre-natal care. And yet you will have to know how carefully everything has been done with the care of the babies and their mothers before and after they are born. Or you might want to be a teacher and teach the others all these things and how to handle real live babies if you have had some experience.

So by taking this course, we can become good, well-trained healthy mothers and have strong healthy babies in our lifetime.

HEALTH PROBLEMS AMONG THE BLACKFEET

By H. F. Schrader

Senior Physician, Blackfeet Reservation, Montana

A systematic tuberculosis survey is in full blast on the Blackfeet Reservation of Montana. The people are cooperating well and when the survey is completed we shall know how many active cases we have and how many healed cases. As such an extensive survey is a new factor on this reservation, it may be well to take stock and see what the problem is in the medical service.

The Blackfeet Reservation is located in the east of the main range of the Rockies, a very dry country, at an altitude of 4,000 feet, with an average growing season of 80 days. Agriculture cannot be depended upon to add much to the food supply up here, but stock raising does fairly well in average years. But the mere fact that this is a stock country doesn't help much - it is also necessary to have stock - and capital is needed for that. Very few have the capital and fewer still have credit.

Some of the difficulties encountered here are as follows:

Climatic difficulty: Short summers and very cold winters.

Poor Housing Conditions: The housing program of the past few years has helped a great deal, but it must be kept up. We all realize that many of these people could and should have built better homes for themselves but they did not do so. Hence, the homes are overcrowded.

General poverty of over three-fourths of the people: The chief illnesses are the result of the above conditions to a very great extent. Such diseases as tuberculosis, influenza, colds and sore throats are self evident that illness of this kind is bound to spread and be severe in the poor, overcrowded homes and we have found them less severe in the new, better homes.

Trachoma is still plentiful but due to the energetic work of the special physician and due to the teachings of the field nurses and the very excellent cooperation of the



Old Type of Housing on Moccasin Hill

school teachers in the Starr district, we no longer see as many severe cases as formerly though the list of blind Indians is a sad reminder of past conditions.

Where young people have no proper homes or means of entertainment, social diseases are bound to be present. The neighboring towns of Glacier Park and Cut Bank do their part in making liquor easy to obtain and as there is no wholesome fear of courts and police, the usual checks are sadly lacking. It must also be mentioned that home discipline is usually poor. However, the further away the Indian lives from contact with the white and the more the full-blood lives up to the ancient beliefs of his race, the better off he is as far as social diseases and general delinquency go.

Epidemic diseases such as measles, scarlet fever, influenza, chicken pox and so forth occur as a result of contact with other communities, just as elsewhere. Due to the poverty and poor housing, they exact a more severe toll.

Hence, it is seen that the health problem is pretty much the same as among all other races. Modern medical treatment is comparatively new among Indians. The constant teaching by the nurses and doctors in the homes is gradually having results.

The desire of the people to be helped is shown very well in the increased amount of obstetric service at the Blackfeet Hospital; an increase from an average of 10 a year to 127 in the fiscal year for 1936.

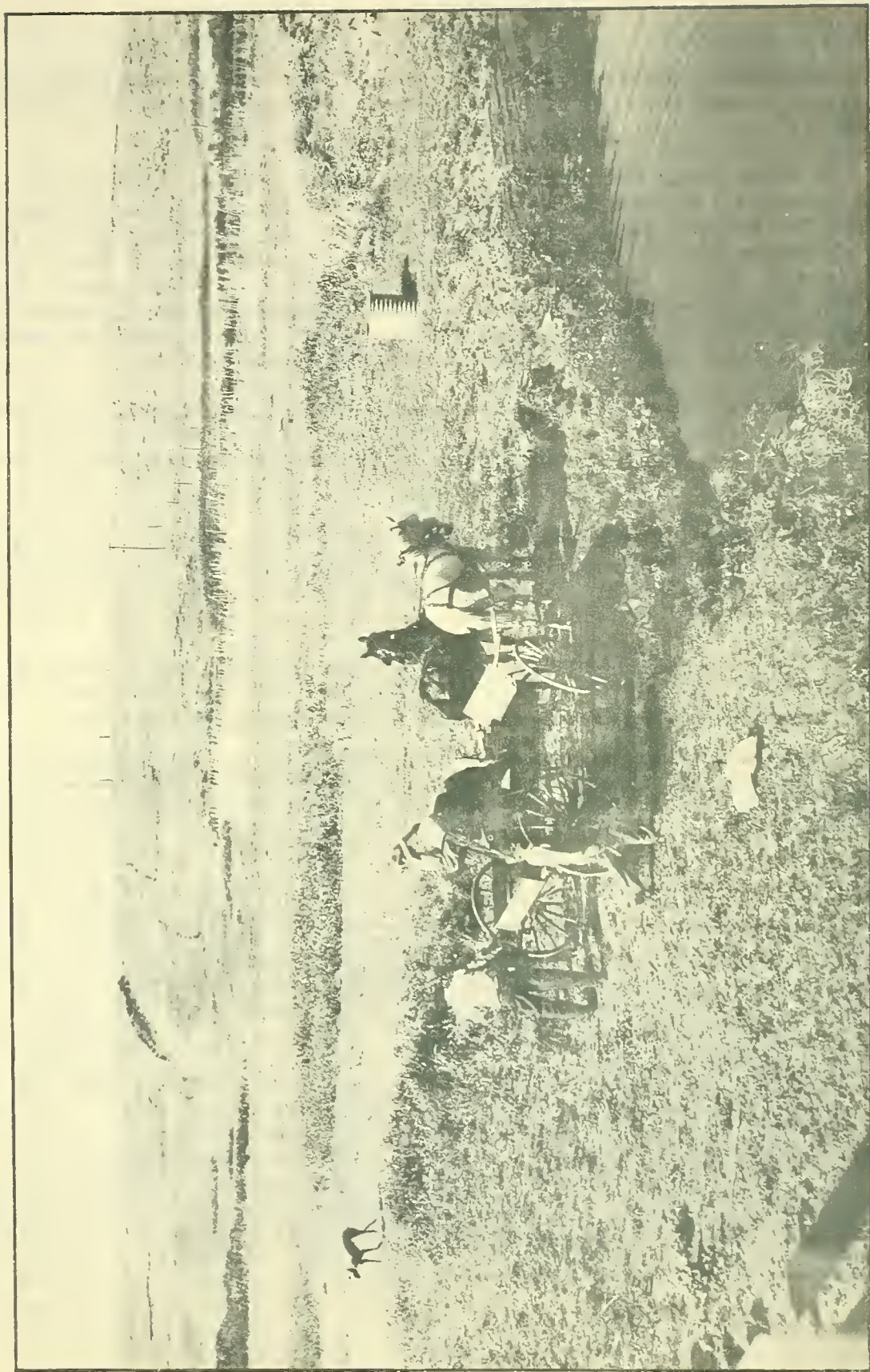
The cooperation of the Indian is also shown by the more prompt reporting of illness and a better carrying out of orders for treatment. The drunkards and shiftless scamps are despised by their fellow men, just as much among Indians as among whites and the number is probably not much greater, if any. The hope of the future is the proper development of the young people, whose desire to become self-supporting and to get ahead must not be ignored

forever. The Indian reacts as any other race to changing conditions once he understands what it is all about. His resistance to disease is as good as that of any other race and he can be just a good citizen as anyone else. But Rome was not built in a day and we cannot expect a half-starved, poverty-stricken people to become the pride of a nation over night.



One of the "Project Homes" On Moccasin Hill

HAULING WATER FOR STOCK, NEAR DICKERSON, NORTH DAKOTA



Resettlement Administration Photograph by Carter

REPORTS FROM THE DROUGHT AREAS

Minnesota - Drought conditions were relieved this week by general rains throughout most of the State but the effect on stream flow has not been great. However, the tendency for the discharges to decrease has been checked in southern Minnesota.

Montana - Rain fell in northeastern Montana but the southeastern part of the State is still very dry. Stream flow has not changed materially during the past week.

North Dakota - The flow of the Missouri River at Bismarck for the week ending August 15, was 12,300 second-feet compared with 6,150 second-feet in 1934. The flow of the tributaries of the Missouri in this State below Bismarck is reported to be less than during the corresponding period in 1934.

South Dakota - Stream flow in South Dakota continued to decline during the week ending August 15 and was less than the meager flows recorded during the corresponding period of 1934. The flow of the White River at Ocama was .6 second-foot as compared with 62% second-feet for the corresponding period in 1934. The flow of .6 second-foot on August 15, 1936, is new low record for this station. Water levels in wells are holding up in southeastern South Dakota better than has been expected.

In Huron, four dug wells were measured on April 19, 1935 and again on August 18, 1936. The 1936 measurement showed a slight rise of .3 foot in the water table.

Oklahoma - Stock water is scarce over the entire State and the water supply is low in many urban centers. Springs which were long considered perennial, are dry in many parts of the State.

Michigan - In recent years numerous proposals have been made to develop shallow ground water supplies for suppressing forest fires in Michigan as well as other forested areas, but the results obtained have been rather unsatisfactory until the Michigan Forest Fire Experiment Station with the U. S. Geological Survey cooperating on the investigation, solved the problem by developing highly mobile well drilling equipment that can be taken speedily into the fire area and that drills shallow wells rapidly.

The drilling ("jetting") equipment is mounted on a truck, together with a tank containing 250 gallons of water sufficient for "jetting" two wells, with engine driven pumps for lifting the water from the wells, mounted on trailers for towing by trucks. The "jetting" process for putting down wells is used in many areas as a means of rapid construction but the equipment used by the Experiment Station is designed for speed in sinking as well as mobility. When a fire is reported the truck with the jetting equipment goes to the fire and the first well is started in as close proximity to the fire as safety will permit.

SUMMER CAMP FOR CHILDREN

By Kate Wagon Smith - Social Worker



Pine Cone Work At Camp

The suggestion for a summer camp for children who were under par physically, was made by Miss Mary Olson, Field Nurse at the Fort Yuma Sub-agency. Letters were written to the IECW Director inquiring if he could loan us the necessary tents. Mr. Coonrod was asked regarding the possibilities for a camp near the beach at San Diego. Father Felix at the Indian Mission became interested and secured the offer of a camping site on the banks of a mountain stream near Redlands, California. This appeared to be the best that could be found and

plans were under way to use the small amount of money available to the best advantage.

Mention of plans for a summer camp was made to Superintendent Biery when he was at the Yuma Agency and he offered the use of his school camp in the mountains which was already equipped. This certainly was a very generous offer and was appreciated very much.

Several children who wished to enroll were not accepted as the group was limited to those who were under par physically or from homes which did not appear to have an opportunity to improve their incomes in the near future. The total enrollment was 25 girls and 17 boys ranging in age from 7 to 14 years. According to the tribes, there were 37 Yumas, 4 Walapais and 1 Supai. All of these children attend the Federal day schools or public schools.

Mr. George Bromell was employed to direct the recreation work and the activity program for the boys. The group spent eight days in the mountains and the balance of the time at Sherman Institute, with nearby trips to points of interest, including parks and trips to the beach.

The girls thoroughly enjoyed the handicraft work under the direction of Miss Walker. While at the mountain camp they joined a handicraft class at Jackson Lake Recreation Hall where they worked with other children from nearby camps. In these classes they worked with pine cones and pine needles.

The camp arrangement was so much like the Indian home that the socializing influence far surpassed the average schoolroom. The children need this training and the Sherman Camp is in an ideal location as 12 children's camps are in this section, with an enrollment averaging about 800.

A GLANCE AT PROGRESS MADE IN INDIAN SERVICE HOSPITALS

By Dr. L. W. White

Assistant Director of Health

The efforts that have been made in the last several years to improve the Indian Health Service has brought about very decided changes in the character of buildings being constructed for hospital purposes. In some cases this has involved remodeling, enlarging and improving existing structures, in others it has been necessary to demolish an entirely unsatisfactory structure and build one adapted to hospital purposes and to furnish a larger capacity and in still others, undertake to construct an entirely new building where none had existed before.

In the early history of the medical work in the Indian Service, no attempt was made to furnish a hospital service for all. A little later a small hospital was established at each of the non-reservation boarding schools, but these were by no means adequate institutions and should probably not have been dignified, in many cases, by a more classical designation than that of dispensary. These were soon followed by the conversion of various kinds of abandoned buildings at both schools and agencies into so-called hospitals which for the time being, in an indifferent way, served the purpose for which they were intended.

The transition from these earlier attempts at providing hospital facilities for the various Indian tribes to the present construction program has been most outstanding. At the beginning, because of the very meager funds obtainable for the purpose, no attempt was made to construct even fire-resisting hospital buildings, most of them being of the frame type and seldom planned to meet the requirements of the purpose which they were intended to serve and the equipment was in all cases entirely inadequate.

For many years the Indians of the Colville jurisdiction were entirely without an Indian Service hospital of any kind. This condition for a long time was very embarrassing to the health personnel and indeed distressing to the Indian, besides being the cause of expending a large amount of individual Indian money, as well as gratuity funds for securing emergency hospital service at private institutions which was frequently at a cost of extreme hardship and sometimes at the risk of life.

Recently it has been possible to secure funds with which a small, but modern hospital has been erected and is now in use and is being fully utilized. This building has received a great deal of favorable comment and in a general way typifies what is being done in hospital construction at a number of other Indian Service jurisdictions.



Fort Yuma Hospital - Colorado River Agency, Arizona.

One of the newest members of the hospital family of the Indian Service is the one located at Point Barrow, Alaska, that has recently been transferred to us from the Board of National Missions of the Presbyterian Church which was acquired September 1, 1936 and it is intended that when some improvements have been made to the building it will have a capacity of 16 beds. This will furnish general hospital facilities to the Alaskan natives of the region which lies north of the Arctic Circle. Point Barrow Hospital is the most northerly hospital in North America and is probably the most northerly institution of the kind in the world.

The above illustration of the Fort Yuma Hospital will indicate something of the trend toward improved health facilities that has been taken to meet the changing conditions in the Indian Service. The Indians themselves have shown their appreciation of these improvements to the extent that it is now impossible to meet the demand for hospitalization that they are making, whereas only a few years ago, in many instances, it was very difficult to persuade them to accept such hospitalization as was then provided.

There are now in operation 91 hospitals with a capacity of 3760 beds, and 15 sanatoria, with a bed capacity of 1259. In these institutions last year there were treated 55,417 patients who were given 1,443,598 days treatment. At this time 11 additional hospitals of the newer type are under construction and will be available for use before the close of this fiscal year. This will make available to sick Indians 328 beds in modern hospitals. Besides the foregoing, contracts are now pending for the construction of a tuberculosis sanatorium at Rapid City, South Dakota with a capacity of 111 beds, a combined general hospital and tuberculosis sanatorium of 225 beds at Talihina, Oklahoma and a 69-bed hospital at Talequah, Oklahoma.

While it is realized that with these facilities, when all are in use, it will not be possible to meet more than the outstanding health needs of the Indian population, the improvement that has been made will enable us to furnish a vastly better service than has heretofore been possible.

NARRATIVE SUMMARY OF WORK CARRIED ON FROM JULY 1, 1935 TO APRIL 1, 1936.

By Zelma Butcher - Field Nurse

Porcupine District, Pine Ridge, South Dakota.



A Class Of Indian Mothers

charts and observe the weight of the children.

To talk over school problems and give helpful suggestions in regard to menus if necessary.

Toxoid and vaccination for smallpox were given to the school children and to the pre-school and infant children at the weekly clinics.

Cod liver oil was given to each school child daily by the teachers during the school term.

Made monthly calls to pre-natal patients to check on their conditions and give instructions and literature.

Made tuberculosis calls in the homes to teach the Indians better living conditions, isolation and the care of themselves.

Assisted the doctor in the school examinations. During these nine months, I made approximately 901 general visits, 31 school visits, and held eight clinics with an attendance of 69. Total miles traveled - 7601.



Teaching Children To Clear Yard of Rubbish As An Aid To Good Health

A DAY OF "WREST"

Anonymous

Last Sunday was not a day of rest. It is against my New England upbringing to express myself as occasion demands but I was ready to explode before the day was over.

I had had a strenuous week and so was having my Sunday morning coffee at nine o'clock when an agitated Indian arrived with a sick child in his truck. Pneumonia! I started out for the hospital at once. On the way the child had a coughing spell and died. I continued on to deliver the body for burial. The last few miles of that journey were pathetic. Beside me was the father holding his dead child. Tears were streaming down his face. The road was almost impassable.

I brought back a discharged patient from the hospital hoping he would not learn of the death in the car. But naturally he was curious and finally the father of the child had told him what happened. It was late. There was nothing for the patient to do but stay with us because he was too weak to get out and walk away. Then again, he had only one shoe. The other shoe was left at home because his foot was too swollen to wear when he went to the hospital.

Off the main road, on the way to the patient's hogan we were stuck in deep mud. I heard the patient mutter, "Chindi! Chindi!" meaning that the car had evil spirits because of the death of the child. The pull up the mountain was hard. The car got hot. There was no water so I filled the radiator with snow many times before we ended the nine mile trip.

On the way home it began to rain and my car tracks were washed out. I took the wrong trail and was soon hopelessly lost. I sat in the car and gazed up at the pinon trees and tried to figure out my position. Dark. Very dark. An Indian on horseback arrived and helped turn the car about. I got home finally, wet, muddy, hungry. I had no food since breakfast. It was a day of wrest, wrest, wrest!

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INDIAN REORGANIZATION NEWS

On August 22, the Santee Sioux, the Omaha, the Grande Ronde and the Shoshone-Paiute Tribes held elections to vote on their charters. The results of the four elections are as follows:

<u>Name</u>	<u>Yes</u>	<u>No</u>
Santee Sioux	126	57
Omaha	221	14
Grande Ronde	52	9
Shoshone-Paiute	145	5

NAVAJO MEDICAL WORK - OLD AND NEW

By W. W. Peter, Medical Director - Navajo Area

The medical work in several southwestern states comprises Medical District No. 4, with a Medical Director in charge. The largest unit in this district is the Navajo Area which comprises some 25,000 square miles inhabited by approximately 45,000 Navajos. In this area there are in operation eight hospitals, one of which also has a sanatorium. For purposes of administration the hospital at Fort Wingate, New Mexico, and the sanatorium at Winslow, Arizona have been included under the supervision of a Medical Director, Navajo Area.

These institutions have been open for Indian patients quite a number of years. They are manned by 15 physicians, 64 nurses and 97 other hospital employees. Some of the physicians and nurses are assigned primarily to doing field work in the vicinity of hospitals.

Until the present administration changed the plan, the Navajo Area was divided into several separate jurisdictions, each under a superintendent. Now there is but one superintendent for the entire area, Mr. E. R. Fryer.

Several new departments are in process of development. The physicians and nurses who were previously isolated from each other now meet at intervals to consider common problems of their work. In order to achieve continuous professional growth, professional refresher courses have been included. Some time ago one on syphilis was conducted at Fort Wingate. Later another was held at the same place on Maternal and Child Welfare. Each course was repeated twice so that while half of the personnel remained in the field, the other half attended the course. Thus the Indians were not left without medical and nursing services entirely. Each session lasted two or three days.

Most of the medical work being done is of a curative nature. The Indian comes to our hospitals impelled by the presence of pain. For diseases unattended by pain, he seldom comes for treatment. Except for small beginnings made in the boarding schools, little has been done by way of health education unless it be considered that curative procedures are of themselves of educational value. The mere mention of their names as the outstand-



This Is The Way We Brush Our Teeth

ing health problems which we confront indicates the difficulty which confronts successful eradication or even amelioration. There are three such predominant diseases - tuberculosis, trachoma and venereal diseases.

The problem of tuberculosis has not been solved successfully in any one section of our population in this country or anywhere else. To arrest this disease requires time, money and understanding cooperation on the part of the patient and family, as well as expert medical and nursing care. These factors in adequate amount are seldom available even in white population groups. Trachoma which afflicts approximately 30% of the eyes of our Navajos is a disease without a known causative factor. The treatment varies and is not specific like quinine for malaria.

Venereal disease are thought to be on the increase as the economic status of the Indian rises and his contacts with whites in what we call the "railroad towns" increase. Usually the discovery is made incidental to examinations of patients for other conditions.

Heretofore emphasis was placed upon centralization of services. Educational work was done in a few large boarding schools; medical work in the agency hospitals. With the change in policy from boarding to day schools, the medical work will necessarily be revamped also. When patients come in numbers to one hospital with its diversified equipment, a few doctors and nurses could do more work in the course of a year than will be the case under the new regime whereby they will have to do considerable traveling themselves and work with limited equipment. Even so, it is hoped to render more effective service in the long run because increasing attention will be paid to children of school age. Reprinted from the Navajo Service News.

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HOW THE SITKA KIK-SETTI OBTAINED THE FROG

A man and his wife were crossing the mouth of a big bay named Thle-Yak when it became so foggy that they could not even see the water around their canoe and stopped where they were. Then, quite a distance away in the thick fog, they heard singing and it continued for so long a time that they learned the song by heart. The words of the first verse of this song were, "We picked up a man; you picked up a man." Second verse, "They captured a man; they captured a man; you've captured a man." The voice was so powerful that they could hear it reecho among all the mountains.

When the fog began to rise so that they could look under it a little, they heard the song coming nearer and nearer. They looked about and saw that it came from a very little frog. To make sure of it they paddled along for some time in the direction it was taking. Then the man said, "This frog is going to be mine. I am going to claim it," and his wife answered, "No, it is going to be mine. I am going to claim it." But, after they had disputed for some time, the man finally let it go to his wife.

Then the woman took it ashore, treating it like a child, carried it up to the woods, put it down by a lake and left it there. From that time on her people have been Kik-setti. That is how the Sitka Kik-setti came to claim the frog. By Rudolph Jackson - Age 14 Years - Sitka, Alaska.

FROM I.E.C.W. REPORTS

Work on Horse Trails at Coeur d'Alene (Idaho) We started work on the horse trails in the Mission Reserve this week. Trails have been needed in this reserve for some time. There is some bench land in the reserve but to reach it, it is necessary to climb out of a deep canyon as the approach to the reserve is through the canyon.

In some places there are rock cliffs and it has been necessary to build quite a bit of extra trail to get around these cliffs and not have too steep a grade. These trails will lead to the springs and we will be able to look after the water more often than we have in the past. James J. Broncheau.

Fire Fighting At Tulalip (Washington) Fair progress has been made on the various projects during the week although fighting some small forest fires has slowed up work slightly. Two fires required a few men for a couple of days. One small spot fire was put out before having a chance to spread.

Exceptionally good progress was made on the telephone maintenance project. Theo. Lozeau, Ranger.

Work at Navajo (Fort Defiance, Arizona) The work on this project has gone along very nicely this week. We have everything completed as far as materials will permit.

I believe that the men in this working group have shown more interest than any group I ever had. Everytime

we started to do anything, they wanted to know why we did it that way. I have one man who should be given a better chance. He is very good in any place you put him and handles men far above the average. He speaks English. His name is Dick Nelson.

We have had three classes in English in which Mr. Dick Nelson assisted. We also had one safety meeting where I found that the men living on the reservation were very interested in meetings of this type. They said that this was very good as too many men were being hurt and killed. C. Hopkins.

Wells For Public Camp Ground At Fort Berthold (North Dakota) We have experienced no difficulty in the continued digging of wells. We find good veins of water at approximately 26 feet. We have been digging by hand to a depth of 10 feet and then drive sand points the remaining distance. We have set up two hand pumps on a wooden platform. Bryon H. Wilde.

Water Supply At Rosebud (South Dakota) This group of men are about to put the finishing touches on this dam. The fill is about 80% complete. The dam is to be a large stock watering place on a range that has been devoid of water for some time.

This dam will supply water for about 1,000 head of cattle and will make that part of the country well watered. The type of material being used is clay with a small part of sand. This material is being moved in a circle with two borrow pits

which are open with one on each side of the dam. The rock which is being gotten out is of fair quality and will withstand the erosion well. John A. Roth, Senior Foreman.

Activities At Warm Springs (Oregon) Fire hazard reduction work continued with falling and cleaning up the snags on the Blue Lake Trail.

Road Maintenance: Grading was completed between Old Mill and Blue Lake.

Trout Lake Telephone Line: The brushing and clearing out for the telephone line is finished and the wire is ready to be strung.

Beetle Control: Work has just begun on the summer cruise.

Fence Maintenance: The fence at Schoolie was repaired where it had been torn up by falling snags.

Cattle Guards: The cattle guards were both finished up and a few repairs were made. Phil Lane.

Report From Keshena (Wisconsin)
Project No. 67: White Pine Blister Rust Control: As in other projects, fire fighting interfered seriously with control work. However, considerable average was gained as a large acreage was scouted in the Camp 24 area.

Project No. 53: Reconstruction for Camp 23 to south branch trail: The grading and reshaping is complete for three miles. A small crew has been kept busy on spot graveling and hand ditching.

Project No. 56: Bass Lake Truck

Trail: The grading is partially complete for one mile and the brushing and grubbing is complete for one and one-half miles.

Project No. 48: Telephone Construction South Branch to Camp 23: The poles have been constructed for $2\frac{1}{2}$ miles and the survey is complete for 4 miles. The work seems to be progressing at a satisfactory rate. Walter Ridlington, Project Manager.

Work At Shawnee (Oklahoma) From the three water reservoirs we completed during the last year, we are supplying stock water for a good many farmers living near them. As the water for stock is getting to be a real problem, these large reservoirs are a good solution for such a drought as we are having. T. B. Hood.

During the past week we have been digging rock and getting material on hand so that we will be able to start our baffle work. The men appreciate this work - especially during this drought. Blaine Kent, Asst. Leader.

Truck Trail Construction At Turtle Mountain (North Dakota) Truck trail construction proceeded well with the establishment of two team camps. The teams are being subsisted and left in camp. This insures proper feeding and results in keeping the horses in shape for work.

The fire situation was hazardous this week and most of the crews were devoted to suppression of same. Donald Flahart, Junior Engineer.

Commissioner Collier Visits Mescalero (New Mexico) Our Tommy Jones Project has been finished. The machines are all working steadily.

All of our boys are thrilled about the rumor of building us new homes. We need them. We have been lucky in keeping our sick and accident list below par.

All the boys have been working hard and are contented. We are all in favor of ECW and hope it continues.

We had a distinguished visitor last week, Commissioner John Collier, and he gave us a very interesting talk. Excerpts from speech of welcome to the Commissioner by Henry Treas - "Committeeman: ----- but this year us Indians all got together and planted all our fields and I'm sure glad John saw it." Phil Foor.

Activities at Truxton Canon (Arizona) The water lot fences are coming along fine with the exception of the rock work in some cases. We have been drilling by hand on one water lot fence and this has taken some time. We are not going to drill some time. We are not going to drill any more holes by hand. We are going they will save us a lot of time and money and they will hold just as well.

We have started our recreation and education program by starting work on a tennis court at Peach Springs. This will be the center of our recreational and educational program. The men will be able to come in from the various jobs over the week-end and we will give them tennis instruction as well as instruction in other sports and activities. Charles F. Barnard.

Truck Trail Construction At Mission (California) Work continues on the Hot Springs Mountain Truck Trail. The side hill cuts are running up to 15 and 20 feet but material is fairly

good. It is decomposed granite with hard rock in places.

The preparation and transportation crew cut 410 posts this week. They make very good posts. R. A. Wehr.

Fighting Forest Fires at Hoopa Valley (California) The first fire of the season on the reservation was put out during the first part of the week. About two acres of small hillside brush burned along Socktish Creek. No damage was done to the standing timber. A crew of 12 men worked on the fire Sunday night and six men worked on Monday. Patrick I. Rogers, Assistant Clerk.

Fire Fighting at Red Lake (Minnesota) Eleven days have now been spent in fighting fires at Pine Island. Nineteen men from this camp, together with thirty men from Red Lake groups have been fighting relentlessly since their arrival there. The fire now seems to be under control.

We have had fires on the reservation, one of which was near our camp and proved to be rather stubborn. It originated from careless campers. In addition to our group of seventeen men, two truck loads were mustered out each day to help fight the blaze. Crews worked until nine o'clock in the evenings. Joseph Graves.

Well Digging At Pierre Indian School (South Dakota) We found an 8" pipe and drilled 250 holes from 3/8" to 3/4". We jetted this into our well through the quicksand into the ground. When the well is pumped down below the top of the cases, we get a flow of about 60 gallons per minute of nice clear, cold water. This is the second casing of this kind which we put in the well. S. J. Wood.

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